Enective October 1, 2000								07/762044					
_		CLAIMS A	S FILED (Colum		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					ar a company		ſ	RATE	FEE	7	RATE		
FI	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	+			FEE	
TO	OTAL CHARGE	ABLE CLAIMS	1 0 minus 20=		,		•	Vc 0	1	OR		2000	
EN.	DEPENDENT C	CLAIMS	 ` 	inus 3 =	•		·ŀ	X\$ 9=	_	OR	X\$18±		
II		NDENT CLAIM F			L			X40=		OR	X80=		
	the difference							+135=		OR	+270=		
*			ess than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	860		
	((Column 1)	MENDE	MENDED - PART II (Column 2) (Column 3)			·0	small:	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	17	Minus	-20)	2	I	X\$ 9=		OR	X\$18=		
A	Independent	NTATION OF A	Minus	•••	3	τ		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL		L			
(Column 1) (Column 2) (Column 3)								ADDIT FEE OR ADDIT FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	THE STATE OF	HIGHE NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
EN	Total Independent	1. 70	Minus			• '	L	X\$ 9=		OR	X\$18=		
AM		NTATION OF MIL	Minus	ENDENT	Ct AISE	= -		X40=		OR	X80≈		
			en ee bei	CHOCKE	CEMIN	لــــــــــــــــــــــــــــــــــــــ	T.	135=		OR	+270≃		
								TOTAL DIT FEE	7	OR ,	TOTAL DOIT, FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C	ering of a state of a	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAIO F	ER USLY	PRESENT EXTRA		RATE	ADDI- LANCIT	ſ	RATE	ADDI- TIONAL FEE	
	Total	• .	Minus.	••		= \		X \$ 9=		OR	X\$18=	,	
	Independent	-	Minus	•••		•	\vdash	X40=		ı	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	135=		OR			
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" or column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								· ···	OR.	+270=		
****	l the "Highest Nu I the "Highest Nu	mber Previously Pa mber Previously Pa iber Previously Pai	id For IN THIS id For IN THIS	S SPACE is S SPACE is	loss the	20, enter "20."		TOTAL DIT. FEE in the app	propriate box		YOTAL NDOIT, FEE Imri 1.		

LE DETERMINATION RECORD

inlication or Docket Number